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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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|   |  |                        |                      |                    |                         |
|---|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR COUNTRY<br>FL | SHEETS DRAWING<br>10 | TOTAL CLAIMS<br>10 | INDEPENDENT CLAIMS<br>1 |
|---|--|------------------------|----------------------|--------------------|-------------------------|

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## TITLE

Modular accessory holder

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|----------------------------|---|---|
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